

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000057948

1. Corporation Name

Alliance Investment Enterprises, Inc.

Principal Place of Business

7470 W. 18th BRANSON HWY  
KISSIMMEE, FL 34747

Mailing Address

7470 W. 18th BRANSON HWY  
KISSIMMEE, FL 34747

3. Date Incorporated or Qualified

8/1/93

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 7470 W. 18th BRANSON HWY

26 7470 W. 18th BRANSON HWY

4. FEI Number

59-3196761

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☐ No

23 City & State

KISSIMMEE, FL

28 City & State

KISSIMMEE, FL

24 Zip

34747

Country

OSCEOLA

29 Zip

34747

Country

OSCEOLA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

SULEIMAN MUSALLAM

82 Street Address (P.O. Box Number is Not Acceptable)

7841 ANBURY CT.

83

84 City

ORLANDO

FL

85 Zip Code

32835

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DA  
STREET ADDRESS FUAD MAALI  
CITY-ST-ZIP 6282 INDIAN MEADOW  
ORLANDO, FL 32819

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS BASEM AWADALLAH  
CITY-ST-ZIP 8026 WINDY CT.  
ORLANDO, FL 32819

TITLE ☐ DELETE  
NAME DT  
STREET ADDRESS SULEIMAN MUSALLAM  
CITY-ST-ZIP 7841 ANBURY CT.  
ORLANDO, FL 32835

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

400001744404

-03/15/96--01034--021

\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)